

Division of Licensing and Protection  
103 South Main Street  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

January 28, 2015

Ms. Mona Karia, Administrator  
Single Steps  
62 Barre Street  
Montpelier, VT 05602-3508

Dear Ms. Karia:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 30, 2014**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

PRINTED: 01/09/2015  
FORM APPROVED

## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0153	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  12/30/2014
NAME OF PROVIDER OR SUPPLIER  SINGLE STEPS		STREET ADDRESS, CITY, STATE, ZIP CODE 62 BARRE STREET MONTPELIER, VT 05602		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced onsite re-licensing survey was conducted and completed by the Division of Licensing and Protection on December 30, 2014. The findings include the following:	R100		
R136 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.7. Assessment  5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition.  This REQUIREMENT is not met as evidenced by: Based record review and confirmed by the Registered Nurse, the facility failed to reassess annually, 1 of 3 sampled residents (Resident #2). The findings include the following:  Per medical record review on 12/30/14 Resident #2 had an admission assessment on 11/22/13. Registered Nurse confirms that an annual reassessment has not been completed.	R136	The nurse will track reassessments on our Client Appointment Calendar.	1/21/15
R155 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.9.c. (12)  Assume responsibility for staff performance in the administration of or assistance with resident medication in accordance with the home's policies.	R155		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

XOTQ11

If continuation sheet 1 of 7

R136 - R266 POC's accepted 1/27/15 M. Bertrand RN/PMC

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R155	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the Registered Nurse of the home failed to ensure that all medications administered by delegated staff are handled according to the home's policies for one resident during a medication observation pass (Resident #4), the findings include the following:</p> <p>Per Medication Pass observation on 12/30/14 at 8:35 AM, a Resident Counselor prepared medication for administration to Resident #4. Facility policy for oral medication administration identifies that the medications are to be poured without contaminating them, do not handle the medication with your fingers, pour the pills in the bottle cap or use gloved hands. Per observation the employee retrieved a pair of tweezers from a cup on the desk containing numerous pens/pencils and proceeded to remove the medications from Resident #4's bubble pack. The employee retrieved one tablet at a time utilizing the contaminated tweezers and placed each pill into a souffle cup and proceeded to administer the medications to the resident. The tweezers were not wiped off with any antiseptic cleanser prior to touching the tablets.</p> <p>Residential Coordinator (Manager) confirmed at the time that the medication was contaminated and the tweezers should of been disinfected prior to use.</p> <p>Registered Nurse confirmed on 12/30/14 at 9 AM that the tweezers should have been disinfected prior to transferring the medication from the bubble pack to the souffle cup.</p>	R155	<p>We have designated a clean location inside the locked med cabinet for all tweezers to be stored. Alcohol swabs are kept next to the tweezers and a sign has been posted to remind staff to clean the tweezers before and after each use.</p>	1/19/15

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STATE FORM

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If continuation sheet 2 of 7

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R155	Continued From page 2  (See also R161)	R155		
R161 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the manager of the home failed to ensure that all medications administered by delegated staff are handled according to the home's policies for one resident during a medication observation pass (Resident #4), the findings include the following:</p> <p>Per Medication Pass observation on 12/30/14 at 8:35 AM, a Resident Counselor prepared medication for administration to Resident #4. Facility policy for oral medication administration identifies that the medications are to be poured without contaminating them, do not handle the medication with your fingers, pour the pills in the bottle cap or use gloved hands. Per observation the employee retrieved a pair of tweezers from a cup on the desk containing numerous pens/pencils and proceeded to remove the medications from Resident #4's bubble pack. The employee retrieved one tablet at a time utilizing the contaminated tweezers and placed each pill into a souffle cup and proceeded to administer the</p>	R161	<p>We have designated a clean location inside the locked med cabinet for all tweezers to be stored. Alcohol swabs are kept next to the tweezers and a sign has been posted to remind staff to clean the tweezers before and after each use.</p> <p>This procedure will be reviewed with all staff members.</p>	1/21/15

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R161	Continued From page 3  medications to the resident. The tweezers were not wiped off with any antiseptic cleanser prior to touching the tablets.  Residential Coordinator (Manager) confirmed at the time that the medication was contaminated and the tweezers should of been disinfected prior to use.  (See also R155)	R161			
R188 SS=A	V. RESIDENT CARE AND HOME SERVICES  5.12.b.(2)  A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview for 1 of 3 sampled residents, for Resident #1, the facility failed to include a recent photograph of the resident. The findings include the following:	R188	The admission checklist will reflect the requirement for a photo or Refusal of photo, upon admission. The coordinator will be responsible for ensuring completion	1/21/15	

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R188	Continued From page 4  Per medical record review on 12/30/14, for Resident #1, there is no evidence that can be located documenting that a photograph has been taken or that the resident has refused to have such photograph taken. This was confirmed by the Residential Coordinator on 12/30/14.	R188			
R249 SS=D	VII. NUTRITION AND FOOD SERVICES  7.2 Food Safety and Sanitation  7.2.d The home shall assure that food handling and storage techniques are consistent with safe food handling practices.  This REQUIREMENT is not met as evidenced by: Based on observation and staff confirmation the facility failed to assure that food storage techniques are consistent with safe food handling. The findings include the following:  Per facility tour on 12/30/14 at 9:50 AM, of the kitchen refrigerator, a partially used 14 ounce jar of pizza sauce was found with black mold growing inside the jar. This was confirmed by the Residential Coordinator. The pizza sauce was discarded immediately.	R249	A policy regarding perishable food will be written and reviewed with all staff members.  One staff will be designated to inspect this on a weekly basis.  A USDA cold storage chart will be posted on the refrigerators.	1/30/15	
R251 SS=E	VII. NUTRITION AND FOOD SERVICES  7.3 Food Storage and Equipment  7.3.a All food and drink shall be stored so as to protect from dust, insects, rodents, overhead leakage, unnecessary handling and all other sources of contamination.	R251			

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R251	Continued From page 5  This REQUIREMENT is not met as evidenced by: Based on observation and staff confirmation, the facility failed to protect food from dust, insects, rodents and all other sources of contamination. The findings include the following:  Per observation/inspection of the kitchen storage cabinets on 12/30/14 at 9:50 AM, the dry storage area contained the following:  A partially used box of dry pasta open, not dated and not secured. A partially used 5 pound bag of flour open, not dated and not secured.  Residential Coordinator confirmed the above findings during the tour.	R251	A policy regarding dry food storage will be written and reviewed with all staff.  One staff will be designated to ensure all open dry goods are stored in a sealed/covered container and is dated. This will also be monitored on a daily basis	1/30/15	
R266 SS=E	IX. PHYSICAL PLANT  9.1 Environment  9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.  This REQUIREMENT is not met as evidenced by: Based on observation and staff confirmation, the facility failed to maintain a safe and sanitary environment. The findings include the following:  Per facility tour of the 2nd floor bathroom, on 12/30/14 at 10 AM, multiple bars of soap were found at or around the shower/bathtub area. An unprotected tooth brush was on the window sill	R266			

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R266	Continued From page 6  and many used, partially wet towels were found draped over various towel racks.  Per Residential Coordinator, the bathroom needed some attention and discussion occurred with a Residential Counselor (who was also on tour), as to solutions that could be used to solve the problems presented.	R266	Residents have been given caddies with their names on it and reminded to keep their personal care items in it.  Dispensers for soap, Shampoo and conditioner will be installed in the bathrooms. Hooks will be provided for hanging towels and wash cloths in their respective rooms. Staff will inspect on a daily basis. Residents will be reminded on a daily basis and at weekly community meeting.	1/30/15